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TESTIMONY BEFORE THE

COMMITTEE ON APPROPRIATIONS  
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN  
SERVICES, EDUCATION AND RELATED AGENCIES

UNITED STATES HOUSE OF REPRESENTATIVES

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## Health Issues and Opportunities at CDC

*Statement of*

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Good afternoon, Mr. Chairman, Congressman Walsh, and other distinguished Members of the Subcommittee. It is a pleasure to appear before you again as Director of the Centers for Disease Control and Prevention (CDC), the nation's leading health protection agency and an operating division of the Department of Health and Human Services. Today I would like to focus on the essential contribution the public health system, with CDC's leadership, is positioned to make in moving our country toward improved health. We need more than improved performance in our health care delivery system and better access to care – we need to develop a comprehensive health system that not only delivers care and services, but also protects and promotes good health in all communities. If we do this successfully, America can become one of the world's healthiest nations.

CDC's primary focus is on protecting health, rather than treating illness; in doing that through health promotion, prevention and preparedness, rather than disease care; and on creating holistic approaches for improving people's health across all stages of life.

We center our efforts on a set of fundamental Health Protection Goals designed to accelerate health improvement, reduce health disparities, and protect people at home and abroad from current and new health threats. These goals drive our research priorities and our programs and interventions.

Let me begin by describing the role of CDC and our public health partners in protecting health in this country. I will then describe opportunities and investments in health protection, including some of the key priority areas in the President's fiscal year (FY) 2009 budget request for CDC. I will close by highlighting just a few examples of CDC achievements that illustrate how we contribute to a healthier nation.

## *The Role of Public Health in the Nation's Health System*

Many of the greatest opportunities today for improving people's health fall outside the traditional health care system. The public health system aims to enhance quality of life across the lifespan, to prevent costly diseases before they reach the health care system, and to improve economic competitiveness by a safer and healthier workforce. We see lost opportunity at a population level when infant mortality and life expectancy in the United States fall behind that of other developed countries, and when we place our children at risk of having a life expectancy lower than our own. We see lost opportunity at an individual level when practical prevention steps are not taken, and the path toward treatment for disease is the only viable option. We need a focus on protection of health and prevention of disease, injury and disability before the onset of these conditions. When we invest in health protection, we can turn these lost opportunities into public health achievements – to realize our long term goal of becoming the healthiest nation.

We must do more than improve our ability to safely and cost-effectively treat diseases; we must create a true health system that measures, values, and rewards health promotion and disease prevention as much or even more than disease care. If we invest in a strong public health system, with programs designed to protect people where they live, work, study and play, and foster linkages to a robust health care system, we can achieve the common objective of better health for all. In this transformed system, we would reach a balance between protecting health and providing the best possible disease care. Building on the knowledge generated by biomedical research and our world class treatment system, we can bring the scientific expertise of CDC and others to bear on protecting health before

serious complications develop. With CDC at the helm, the public health network in our states and communities is positioned to play a lead role in health system transformation.

### *Opportunities and Investments in Health Protection*

CDC continues to identify and implement effective strategies to protect health and prevent disease, injury and disability for anyone, anytime, any place. These strategies are diverse and wide-ranging and involve every part of the agency working collaboratively to achieve better health. From a life stage perspective, we are working to improve health through research into the causes of birth defects, child maltreatment and youth violence prevention, and immunization efforts for both children and adults. We are promoting healthy places through support for walkable communities, occupational safety measures, health promotion in schools and worksites, and prevention of infections in health care settings. We continue to advance preparedness for emerging health threats by enhancing risk communications methodologies, developing informatics systems to integrate and analyze disparate information in real time, and building capacity for community-based surveillance and control of infectious disease. We are expanding the public's access to credible health information through health marketing, new media, and innovative e-health interventions. And we are working to improve global health through such efforts as promoting safe water and distributing insecticide-treated bed nets to prevent malaria. These are just a few examples of the innovative work CDC is doing in collaboration with many partners to protect health.

The FY 2009 budget request for CDC contains a number of investments that will further advance the capacity of the public health system to combat health threats at home

and abroad. An increase of nearly \$20.0 million is requested for the Strategic National Stockpile, enabling CDC to continue to purchase, warehouse and manage medical countermeasures to respond to a catastrophic health event, whether naturally occurring or manmade. An additional \$10.3 million is requested to upgrade capacity within the Laboratory Response Network for detecting and responding to radiological events. An increase of \$33.4 million to expand the U.S. Quarantine and Migration Health System will leverage CDC's ability to protect the public from disease threats before they arrive at our borders, and targeted efforts to prepare for an influenza pandemic will continue in FY 2009 with an additional request of \$3.1 million. The threat of an influenza pandemic has not diminished and CDC remains committed to preparing for the full spectrum of public health threats.

In addition, the FY 2009 budget request includes an overall investment of \$93.0 million for the President's Domestic HIV/AIDS Testing Initiative to support additional testing activities and early diagnosis in medical and community-based settings. And, as we look for opportunities to improve our nation's health, we recognize the importance of obtaining reliable, high quality data to guide and evaluate decisions about changes that may be pursued in our health care system. Increased investment of \$11.1 million for health statistics will sustain and enhance a variety of surveys and statistical programs which provide comprehensive data essential to public health decision-making at CDC, within HHS, and across all levels of government. To advance our monitoring and surveillance capacity, an increase of \$15.5 million is requested for the BioSense surveillance system to enable real-time situational awareness during public health emergencies and to make that information useful at the local, state, federal and

international levels. These investments will help CDC continue to provide accurate, timely health estimates and high priority interventions needed by public health, health care, homeland security and many other sectors.

### *Impact and Accomplishments*

CDC is focused on achieving ever-greater impact on the health of the people and places we serve, domestically and internationally. We are committed to effectiveness and efficiency in our programs to ensure the greatest impact, and we are working strategically to solve complex emerging threats to health. Let me close by highlighting just a few examples of what CDC has achieved over the past year in each of our key health protection goal areas.

### Healthy People in Every Stage of Life

#### *Addressing Disparities in Diabetes Risk Factors at a Community Level*

CDC's Racial and Ethnic Approaches to Community Health (REACH) program supports community adoption of evidence-based interventions that reflect distinct cultures and local realities. To address increasing burden of diabetes among the Hispanic population, the REACH program in Hidalgo County (NM) is working in partnership with local community groups to implement the La Vida (Lifestyles and Values Impact Diabetes Awareness) Program. La Vida offers diabetes education classes, support groups, community outreach, and grocery store tours that include instructions on how to read food labels. Median A1c levels, which measure blood glucose control to help determine risk for diabetes complications, dropped significantly among Hidalgo Medical Services patients within one year of involvement in the program. This is one example of a

successful community-based intervention that is helping to improve health across life stages.

### Healthy People in Healthy Places

#### *Preventing Fire-related Injuries among Older Adults*

To reduce fire-related injuries and loss of life and property among homebound older adults, CDC is partnering with the Meals on Wheels Association of America to implement the Residential Fire Homebound Elderly Lifeline Project (*Fire H.E.L.P.*).

This initiative involves home screening for smoke alarms; education on fire risk factors and escape planning; and installation and periodic testing of free smoke alarms with long-life batteries. During this partnership's pilot phase in five Texas communities, local fire departments have assisted in installing approximately 5,000 smoke alarms in the homes of older adults, reducing the risk of fire-related injury and saving lives.

### People Prepared for Emerging Health Threats

#### *Combating Foodborne Illness*

CDC's systems for monitoring and containing outbreaks of foodborne illness are increasingly important in light of recent high profile outbreaks and public concern over the safety of the food supply. For example, in early 2007, CDC's coordination of surveillance, epidemiology, and laboratory systems helped to link 715 cases of Salmonella infection in 48 states to peanut butter produced at a single factory. This led to a large product recall, the closing and rebuilding of the factory, and increased attention by our regulatory partners to dry processed foods. Through collaborative research efforts,

we can develop a better understanding of the sources and ecologies of foodborne disease in order to establish more effective control and prevention measures.

### Healthy People in a Healthy World

#### *Hunting Down the Source of the Deadly Marburg Virus*

CDC's international presence allows us to mobilize quickly and efficiently for global outbreak response. For example, when two miners fell ill with Marburg hemorrhagic fever at the Kitaka mine in Uganda in early August 2007, CDC staff worked with the Ugandan Ministry of Health to quickly identify the etiology, contain the outbreak, and act on a rare opportunity to trace the outbreak to its source. CDC also assisted in tracing every known contact of the infected miners through the 21-day incubation period to ensure that the outbreak had been contained. By the time the CDC team left Uganda in early September, they and partners from South Africa had collected more than 1,000 bats from the Kitaka mine. Ongoing testing may further elucidate the role of bats in the maintenance of Marburg virus in nature, uncover the mode of transmission to humans, and guide development of measures to prevent infection. The results of these studies will aid CDC's goal of protecting people in the U.S. and abroad from emerging health threats.

#### *Moving Forward*

Thank you for the invitation to appear before the Subcommittee this afternoon to highlight CDC's role in protecting public health. I look forward to a sustained dialogue as we work towards health system transformation over the long term, with public health and health care acting as equal partners in this important effort. If we are to begin to



engage in a broad effort to improve the health of the population, we must continue to leverage our resources and broaden our emphasis as a nation to include health protection as well as disease care. Making health a priority in the U.S. will require renewed synergy between the population-based health protection efforts of CDC and its partners, and the clinical prevention and individualized disease care efforts of the health care delivery system. Thank you for your continued support of our important work, and I would be happy to answer any questions.

### Biographical Sketch – Dr. Julie Louise Gerberding, M.D., M.P.H.

Julie Louise Gerberding, M.D., M.P.H., became the Director of the Centers for Disease Control and Prevention (CDC) and the Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) on July 3, 2002.

Before becoming CDC Director and ATSDR Administrator, Dr. Gerberding was Acting Deputy Director of the National Center for Infectious Diseases (NCID), where she played a major role in leading CDC's response to the anthrax bioterrorism events of 2001. She joined CDC in 1998 as Director of the Division of Healthcare Quality Promotion, NCID, where she developed CDC's patient safety initiatives and other programs to prevent infections, antimicrobial resistance, and medical errors in healthcare settings. Prior to coming to CDC, Dr. Gerberding was a faculty member at the University of California at San Francisco (UCSF) and directed the Prevention Epicenter, a multidisciplinary research, training, and clinical service program that focused on preventing infections in patients and their healthcare providers. Dr. Gerberding is a Clinical Professor of Medicine (Infectious Diseases) at Emory University and an Associate Professor of Medicine (Infectious Diseases) at UCSF.

She earned a B.A. magna cum laude in chemistry and biology and a M.D. at Case Western Reserve University in Cleveland, Ohio. Dr. Gerberding then completed her internship and residency in internal medicine at UCSF, where she also served as Chief Medical Resident before completing her fellowship in Clinical Pharmacology and Infectious Diseases at UCSF. She earned a M.P.H. degree at the University of California, Berkeley in 1990.

Dr. Gerberding is a member of Phi Beta Kappa, Alpha Omega Alpha (medical honor society), American Society for Clinical Investigation (ASCI), American College of Physicians, Infectious Diseases Society of America, the American Epidemiology Society, the National Academy of Public Administration, and the Institute of Medicine. In the past, Dr. Gerberding served as a member of CDC's National Center for Infectious Diseases' Board of Scientific Counselors, the CDC HIV Advisory Committee, and the Scientific Program Committee, National Conference on Human Retroviruses. She has also been a consultant to the National Institutes of Health, the American Medical Association, CDC, the Occupational Safety and Health Administration, the National AIDS Commission, the Congressional Office of Technology Assessment, and the World Health Organization.

Dr. Gerberding's editorial activities have included appointment to the Editorial Board of the *Annals of Internal Medicine*; appointment as an Associate Editor of the *American Journal of Medicine*; and service as a peer-reviewer for numerous internal medicine, infectious diseases, and epidemiology journals. Her scientific interests encompass patient safety and prevention of infections and antimicrobial resistance among patients and their healthcare providers. She has authored or co-authored more than 140 peer-reviewed publications and textbook chapters and contributed to numerous guidelines and policies

relevant to HIV prevention, post-exposure prophylaxis, management of infected healthcare personnel, and healthcare-associated infection prevention.

Dr. Gerberding resides in Atlanta with her husband, David, who is a software engineer. Her step-daughter, Renada, is a law student at the University of Virginia. Dr. Gerberding relaxes by scuba diving, reading on the beach, gardening, and doting on her three cats.

### Biographical Sketch – Mr. William P. Nichols, M.P.A.

William P. (Bill) Nichols became Director of CDC's Financial Management Office in October 2006, after holding the position of Director of the agency's Procurement and Grants Office from 2004 to 2006. He served previously as chief management official for the National Center for HIV, STD, and TB Prevention from 2002-2004 and for the National Immunization Program from 1995-2001, with responsibility for all human, financial, and information technology resources related to those programs.

Mr. Nichols has been instrumental in the implementation of a variety of important CDC programs over his 21 year career with the agency. For example, he held a central role in implementation of the Vaccines for Children program, as well as implementation of the Advancing HIV Prevention initiative. In addition, he played a lead role in orchestrating the myriad Congressional visits to CDC following the World Trade Center catastrophe and the anthrax incidents of 2001. Mr. Nichols spent the first seven years of his CDC career assigned to State and local health departments implementing immunization and sexually transmitted disease programs. Mr. Nichols earned his Bachelor of Arts degree from Wake Forest University and a Master of Public Administration degree from Georgia State University.

Department of Health and Human Services  
Office of Budget  
Richard J. Turman

Mr. Turman is the Deputy Assistant Secretary for Budget, HHS. He joined federal service as a Presidential Management Intern in 1987 at the Office of Management and Budget, where he worked as a Budget Examiner and later as a Branch Chief. He has worked as a Legislative Assistant in the Senate, as the Director of Federal Relations for an association of research universities, and as the Associate Director for Budget of the National Institutes of Health. He received a Bachelor's Degree from the University of California, Santa Cruz, and a Masters in Public Policy from the University of California, Berkeley.